

Instructions for Ordering Macomb County Circuit Court Documents via Fax or Mail

By choosing to order documents from the Macomb County Circuit Court, you are PRE-AUTHORIZING the Macomb County Clerk's Office to charge your credit card UP TO the following amounts for the items you choose:

COPY FEE*

Regular copies of pleadings @ \$.40 per page UP TO.....	\$15
Certified copies of pleadings @ \$10 plus \$1 per page UP TO	\$50
Name searches @ \$1 each UP TO	\$15
Docket entries @ \$1 each UP TO	\$15

~ PLUS ~

DELIVERY FEE*

Fax charge @ \$10 plus \$1 per page UP TO	\$30
Overnight delivery (U.S. Postal Service Express).....	\$14
U.S. First-Class regular mail.....	\$ FREE
Pick up at Clerk's Office	\$ FREE

*If the cost for the item you choose exceeds the pre-authorized amount, you will be notified before being charged.

To request Macomb County Circuit Court documents:

1. Using a dark colored pen complete the entire **Requestor's Information** section.
2. Check the box of document you are requesting in the **Type of Documents Being Requested** section.
3. Complete the **Requestor's Document Verification Information** section. This information helps to identify the document requested and to verify that the requestor is entitled to a copy.
4. Complete the **Document/Delivery** section. Select either regular copies of pleadings or certified. If you are choosing to have a name search or docket entry, select the correct item. Selected delivery type of either fax, overnight, regular mail or pick-up. NOTE: (1) Depending on the zip code of where you want the document sent, the U.S. Post Office may not overnight your document and it could take two days for delivery; (2) Overnight rates are higher if being sent out of the United States.
5. Complete the **Payment Information** section and sign the credit card payment information. Credit cards accepted: VISA, MasterCard, Discover and American Express. A receipt with your final cost will be mailed/faxed to you. NOTE: You are authorizing up to the pre-authorized amounts listed for the type of document you are requesting. If additional funds are required, you will be contacted before being charged.
6. Fax the form to the Macomb County Circuit Court File Room at (586) 783-8184 or mail it to the Macomb County Clerk's Office, Attn: File Room, 40 North Main, Mount Clemens, MI 48043. If you have any questions, please call (586) 469-5199.

Visit our **Fax-On-Demand** service (outgoing fax service only) from your fax machine and request document #1 for a complete listing of documents. This form is document #5000.

In Michigan: (888) 99-CLERK

Out-of-State: (310) 575-5035

Or visit www.macombcountymi.gov/clerksoffice and select FORMS.

For help completing this form, or if you have questions, call (586) 469-5199.

Carmella Sabaugh
 Macomb County Clerk/Register of Deeds
Fax this form to: (586) 783-8184 OR
 Mail to: Macomb County Clerk's Office
 Attn: File Room, 40 North Main, First Floor
 Mount Clemens, MI 48043

Requestor's Information

Name: _____

Mailing Address: _____

City, State, Zip: _____

Day Phone: (____) ____ - _____

Fax Number: (____) ____ - _____

Email Address: _____

Type of Documents Being Requested

- ☐ divorce judgment ☐ civil judgment
☐ criminal sentence ☐ name search
☐ docket entry
☐ other (be specific) _____

Requestor's Document Verification Information

Case Number: ____ - ____ - ____ (if known)

To get case number, go to

<http://www.macombcountymi.gov/clerksoffice>

Approximate Date: ____ - ____ - ____

Parties Involved

Plaintiff: _____

vs.

Defendant: _____

Name Searches

Print name: _____

Print name: _____

For more name searches, attach a second sheet.

Document/Delivery PRE-AUTHORIZED CHARGES

COPY FEES:

- ☐ Regular copies @\$.40 per page UP TO\$15
☐ Certified copies @ \$10 plus \$1 per page
 UP TO\$50
☐ Name searches @ \$1 per name UP TO\$15
☐ Docket entries @ 1 per name UP TO\$15

PLUS DELIVERY FEES (if any):

- ☐ Fax charge (certified can not be faxed)\$ 30.00
☐ Overnight\$ 14.00
☐ U.S. mail, first-class\$ FREE
☐ Pick up at Clerk's Office.....\$ FREE

Payment Information

Type of credit card being used:

- ☐ VISA
☐ MasterCard
☐ Discover
☐ American Express

____ - ____ - ____ - ____
 Credit card number

Expiration date: ____ / ____

I authorize the applicable fee the Macomb County Clerk's Office to charge me UP TO the pre-authorized amounts for the documents I have selected.

 Cardholder name (PRINT)

 Cardholder signature (REQUIRED)

For a complete listing of forms available,
 request document #1.

This form is document #5000.
 In Michigan ~ (888) 99-CLERK
 Out-of-State ~ (310) 575-5035



For help completing this form,
 call (586) 469-5199.